

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Black Conservatives Fund | | FEC IDENTIFICATION NUMBER ▼ C C00560599 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|--|---------------------------------|
| Full Name of Payee Active Engagement | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 12 / 2014 | |
| Mailing Address 44084 Riverside Pkwy | | Amount 423.00 | |
| City Lansdowne | State VA | Zip Code 20176 | Transaction ID : SE.4132 |
| Purpose of Expenditure Ad Placement Fee | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 12 / 2014 | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS | |
| Calendar Year-To-Date Per Election for Office Sought 4138.23 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____ Runoff | |

| | | | |
|---|--------------------|--|---------------------------------|
| Full Name of Payee Active Engagement | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 12 / 2014 | |
| Mailing Address 44084 Riverside Pkwy | | Amount 100.00 | |
| City Lansdowne | State VA | Zip Code 20176 | Transaction ID : SE.4134 |
| Purpose of Expenditure Online Advertising | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 06 / 12 / 2014 | |
| Name of Federal Candidate THAD COCHRAN | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS | |
| Calendar Year-To-Date Per Election for Office Sought 1600.00 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____ Runoff | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 523.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Krason

[Electronically Filed]

Date

MM / DD / YYYY
06 / 12 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| PAGE | 2 | OF | 2 |
| FOR SE OF FORM 24/48 | | | |

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Black Conservatives Fund | | FEC IDENTIFICATION NUMBER ▼ C C00560599 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|---------------------------------|
| Full Name of Payee Pandora Ads | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 12 / 2014 | |
| Mailing Address 2101 Webster Street | | Amount 2115.23 | |
| City Oakland | State CA | Zip Code 94612 | Transaction ID : SE.4133 |
| Purpose of Expenditure Online Advertising | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 12 / 2014 | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS | |
| Calendar Year-To-Date Per Election for Office Sought 3715.23 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|---------------|---|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | Date of Disbursement or Obligation MM / DD / YYYY |
| Purpose of Expenditure | Category/Type | | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2115.23 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 2638.23 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Krason
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Date

MM / DD / YYYY
06 / 12 / 2014

Signature